

DEPARTMENT OF SOCIAL SERVICES

744 P Street, Sacramento, CA 95814

(916) 322-5802



April 5, 1979

ALL-COUNTY INFORMATION NOTICE I-35-79

TO: ALL COUNTY WELFARE DIRECTORS

SUBJECT: CWD COST-OF-LIVING SALARY AND BENEFIT STATEMENT

REFERENCE:

As you may know, the Supreme Court has ruled recently on salaried cost-of-living increases for local governments. In light of this decision, the Department of Social Services (DSS) is transmitting a second copy of the Fiscal Year 1978/79 Cost-of-Living (COL) and Benefit Statement. We are asking you to provide us with this information to determine the impact of any COL changes on your AFDC and NAFS expenditures. Please complete and return the attached statement as soon as actual information is available.

The attached statement requests, in Sections I and II, a breakout of COL salary and benefit increases granted to specific categories. Sections III and IV on the reverse side of the COL statement have been included in the Fiscal Year 1978/79 statement to satisfy a mandate in Item 276 of the Budget Act of 1978 which requires DSS to "...report to the Legislature and the Department of Finance, cost-of-living increases to be reimbursed to each county in excess of six percent for the 1978-79 fiscal year, with an explanation of the reasons."

Please maintain detailed back-up information on the data submitted in order to facilitate verification should discrepancies arise. Supply data in Items I, II and III in decimal fraction amounts carried out two places (example, 5.72). Item IV should be as explicit as possible. If there is nothing to report in a line item, enter "N/A" (not applicable). If you have already submitted a COL statement to DSS and there are no further changes, please mark "N/A" on this second copy and return it to DSS so that we know which counties have reported. If you have already submitted a COL statement but now have changes, please fill out the second copy in its entirety, including information that is unchanged from your first statement. Please remember that all data must be based on actual amounts granted, not estimated increases.

If you have any questions, please contact Marsha McNeil of the County Administrative Expense Control Bureau at (916) 322-5802.

Sincerely,

A handwritten signature in dark ink, appearing to read 'R. E. Reich', is written over the typed name.

R. E. REICH
Deputy Director
Administration Division

Attachment

cc: CWDA

CWD SALARY AND BENEFIT STATEMENT

County _____

Contact _____

Title _____

Telephone _____

I. FY 1978/79 Average Cost-of-Living Salary Increase

	FY 1978/79 <u>1/</u>	
	PERCENTAGE CHANGE	EFFECTIVE DATE
a. Eligibility and Nonservices . .	_____ %	____/____/____
b. Clerical Support	_____ %	____/____/____
c. Administrative Support	_____ %	____/____/____

1/ FY 1978/79 over FY 1977/78.**II. FY 1977/78 and FY 1978/79 Average Benefits Paid by County**

BENEFITS CONTRIBUTION	AVERAGE CWD RATE <u>2/</u>		EFFECTIVE DATE	
	FY 1977/78 <u>3/</u>	FY 1978/79 <u>4/</u>	FY 1977/78	FY 1978/79
a. OASDI	_____ %	_____ %	____/____/____	____/____/____
b. Retirement	_____ %	_____ %	____/____/____	____/____/____
c. Health Insurance	_____ %	_____ %	____/____/____	____/____/____
d. Life Insurance	_____ %	_____ %	____/____/____	____/____/____
e. State Compensation	_____ %	_____ %	____/____/____	____/____/____
f. Other: (specify)				
_____	_____ %	_____ %	____/____/____	____/____/____
_____	_____ %	_____ %	____/____/____	____/____/____
TOTAL RATE <u>5/</u>	_____ %	_____ %		

2/ If able to supply break-out between Eligibility and Nonservices, Clerical Support and Administrative Support, attach additional data on a similar format.3/ FY 1977/78 Total Paid Contributions ÷ FY 1977/78 Salaries.4/ FY 1978/79 Total Paid Contributions ÷ FY 1978/79 Salaries.5/ Checkpoint: Total Rate must equal the sum of Items A. through F.**RETURN TO:**

County Administrative Expense Control
 Department of Social Services
 744 P Street, Mail Station 13-78
 Sacramento, California 95814

III. FY 1978/79 Average Cost-of-Living Salary and Benefit Increase

	FY 1978/79 <u>6/</u>
	PERCENTAGE CHANGE <u>7/</u>
a. Eligibility and Nonservices..	_____ %
b. Clerical Support	_____ %
c. Administrative Support.....	_____ %

6/ Section I. Salary Increase + (Section II. FY 1978/79 Total Rate — FY 1977/78 Total Rate).

7/ Increases in excess of 6.00 percent must be explained below in Section IV.

IV. Provide explanation of any cost category within Section III. above receiving cost-of-living increases in excess of 6.00 percent.

a. Eligibility and Nonservices:

b. Clerical Support:

c. Administrative Support:

I hereby certify that the figures reported herein represent actual employee benefit rates or salary increases as reflected in this county's final budget for FY 1978/79.

SIGNATURE OF COUNTY WELFARE DIRECTOR

SIGNATURE OF COUNTY AUDITOR